

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1944

Registration District No. 297

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3057

State File No.

Registrar's No.

15606

29

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community All of his life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Robert Edward Price

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 17. 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Ray County. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Walter T. Price
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Catharine Endsley
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Brown
(b) Address Richmond. Mo.

17. (a) Burial (b) Date thereof April 22, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director E. B. Price
(b) Address Richmond. Mo.

19. (a) April 22/44 (b) Mrs. Charles Sheppard
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1944 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-20-44
to 4-20-44
that I last saw him alive on 4-20-44
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Hemorrhage.
Due to arterio sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. B. Price (M. D. or other) MD

Address Richmond, Mo. Date signed 4-22-44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 2
District File Number
Date Filed 5-11-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Ac/bp
Registered Apprentice No. _____
working under my personal supervision.

Signed E. H. Harrison

Licensed Embalmer No. 2073

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.